

# ST. PADDY'S DASH 5K WALK/RUN & 1/4 MILE KIDS DASH ENTRY FORM

(PLEASE PRINT, FAX OR COMPLETE ONLINE)



## PRICE SCHEDULE

### Until March 5th

5K Walk or Run – \$35

Kids Run – \$15

### March 6th – March 10

5K Walk or Run – \$40

Kids Run – \$15

### March 11th (Day of Event)

5K Walk or Run – \$45

Kids Run – \$20

Questions? Visit our website at [StPaddysDash.com](http://StPaddysDash.com) or call our office at 248-543-1000

Last Name	First Name
Address	
City	
Zip Code	State/Province
E-mail Address	
Area Code & Phone Number	

Age Race Day	Birth date (mm/dd/yyyy)	Gender
_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F

SHORT SLEEVE TECH SHIRT SIZE					
5K Run/Walk	<input type="checkbox"/> S	<input type="checkbox"/> M	<input type="checkbox"/> L	<input type="checkbox"/> XL	<input type="checkbox"/> 2XL*
					*2XL is an extra \$3

<b>CHOOSE YOUR EVENT</b>	
<input type="checkbox"/>	5K Run w/ Tech Shirt
<input type="checkbox"/>	5K Walk w/ Tech Shirt
<input type="checkbox"/>	1/4 Mile Lucky Leprechaun Dash (12 & Younger)

### Mail-in Registration With Checks Payable to:

Ultimate Fun Runs

23315 Woodward Ave. Ferndale, MI 48220

Fax Number: 248-543-3771

**DEADLINE TO MAIL CHECKS TUESDAY MARCH 7TH AND RECEIVE AT OUR OFFICE**

**Refund Policy:** NO REFUNDS unless you have been double charged or accidentally signed up more than once. NO REFUNDS DUE TO WEATHER CONDITIONS.

<b>RELEASE FORM</b>	
Only Complete Entry Forms Accepted	
<b>APPLICATION WILL NOT BE PROCESSED WITHOUT SIGNATURE</b>	
"By indicating your acceptance signature, by registering, you understand, agree, warrant and covenant as follows:	
<input type="checkbox"/> I hereby release and hold harmless on behalf of myself, my child, and/or representatives of Ultimate Fun Productions, LLC, Run as One Productions, The Social Connection, City of Royal Oak, and all event sponsors and organizers from liability for injuries or damages which I or my child may sustain while participating in this activity even if the injuries are caused by the sole negligence of the City or the sponsors or event organizers. I understand that I am responsible for medical coverage for me and my child."	
Athlete Signature (or parent, if under 18): Signature Required Date	
_____	_____
Signature Required	Date